## Size 8½ x 5½"

## Required format for a statewide general Size or special election vote-by-mail ballot application

IMPORTANT: You must enter the date and type of the election, as well as the last day the application must be received by the elections official.

APPLICATION FOR A VOTE-E	SY-MAIL BALLOT FOR THE MAY 19, 2009, S (month, day, year)	STATEWIDE SPECIAL ELECTION (type of election)	FOR OFFICIAL USE ONLY	
To obtain a vote-by-mail ballot, complete than 5 pm on ${\bf May\ 12,\ 2009.}$	the information on this form. This application must be	received by the elections official no later		
1. PRINT NAME:	2. DATE OF BIRTH: —	mo/day/yr		
First Name  3. RESIDENCE ADDRESS (please	Middle Name or Initial	Last Name		
Number and Street - as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N, S, E, W if used)			NOTICE You have the legal right to mail or deliver this application directly to the local elections official of the county where	
City 4. TELEPHONE NUMBER:	County  () (	ZIP Code ) evening (optional)	you reside. Returning this application to anyone other than your elections official may cause a delay that could interfere with your ability to vote.	
5. PRINT MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE): NOTE: Organizations distributing this form may not preprint mailing address information.			PERMANENT VOTE-BY- MAIL VOTER Check here to become a Permanent Vote-By-Mail Voter. Any voter may request to be a Permanent Vote-By- Mail Voter. If you check the box above and sign here:  a vote-by-mail ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide	
Number and Street/P.O. Box (Designate N, S, E, W if used)				
City U.	S. State or Foreign Country ZIP Coc	le	general elections will cancel your Permanent Vote-By-Mail Voter Status and you will need to reapply. If you have any	
6. THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT  I have not applied for, nor do I intend to apply for, a vote-by-mail ballot from any other jurisdiction for this election. I certify under penalty of perjury under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct.			questions concerning voting by Vote-By-Mail Ballot, telephone your county of residence Elections office. Elections Code Sections 3201, 3206	
			The format used on this application MUST be used by ALL individuals, organizations and groups that distribute vote-bymail ballot applications.  Elections Code Sections 3007	
	NATURE prison for two, three or four years. (So	Date ection 126 of the California Penal Code)	Failure to conform to this format may result in criminal prosecution.  Elections Code Sections 18402	
7. THIS FORM PROVIDED BY:				
	IMPORTANT: Organizations providing this fo	rm must enter their name, address and to	elephone number.	